

**ARMED FORCES INSTITUTE OF PATHOLOGY
ORAL HISTORY PROGRAM
DR. BRUCE H. SMITH M.D**

INTERVIEWER: Charles Stuart Kennedy

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Q: This is an interview with Captain Bruce H. Smith, on behalf of the Armed Forces Institute of Pathology Oral History Program. Dr. Smith, to start, we'd like to know a little bit about who you are and where you come from. Could you tell us when you were born, where, and something about your early education, please.

DR. SMITH: I was born in New York City, in the Borough of Queens, in 1919 (February 16, 1919, to be exact). As a young child I got my very early education in grammar school in Brooklyn, and then, from there, we moved out to Long Island, New York, and I got my high school education there. And because I did so well in science, the principal of the high school got me a scholarship to Syracuse University, where I went for my advanced education. In those days, if you could accumulate so many credits after three years of college, they allowed you to go to med school. So I applied for and was accepted and did my medical training at Syracuse University College of Medicine. It has since been changed, so it's now Upstate New York College of Medicine.

Q: Was this part of the New York State system at that time?

DR. SMITH: No, at that time it was not. This was a private university.

Q: So you started medical school in what, 1940?

DR. SMITH: Nineteen thirty-nine.

Q: Was this general medical training, or were they pushing you towards anything at that time?

DR. SMITH: It's very interesting that you should bring that up, because I can still remember the first day of medical school. Our dean, Dean Herman Weiscotten (who was well known in the AMA; he started a lot of things), turned to us all in the class and said, "Now you're all going to be general practitioners." As it turned out, I think we only had about three general practitioners. Later on in life, all of us became specialists, and I think the three of us, if I remember correctly, became pathologists. So it turned out a little bit differently than he expected.

Q: While you were in medical school, was there any impetus to your moving into the field of pathology?

DR. SMITH: Oh, yes. Very early I discovered that I liked the science of medicine better than I did the patient contact. One of my classmates had a father who was a pathologist, and I liked what he was doing, so very early on I decided I wanted to go into pathology. Although later on, when I got exposed to some of the patients and the clinical aspects of medicine, I almost changed my mind. You know how it is in those days--when you're in obstetrics and gynecology, you want to become an obstetrician; when you're in surgery, you want to become a surgeon, and so on. But I made full circle; I came back.

Q: What was the state of pathology when you were taking medical training? How would you describe it?

DR. SMITH: Pathology was, I think, a very well-established science. It didn't hold a candle to what we know today. A lot of things that we learned were confused, and we now have separated out those entities to the point where we know that they're quite different, primarily due to the newer tools that have been developed over the years.

Q: You graduated right in the middle of World War II, in 1943. So what happened?

DR. SMITH: Well, I can go back a little bit before that. Back when I first went to medical school, of course, the winds of war were brewing. At that time, since all my family had been Army, I tried to join the Army, but apparently their quota was filled, in reserve officers. But there were openings in the Navy, so I became an ensign (HVP), which is ensign Hospital Corps, Reserve, Probationary. In other words, if you graduated from medical school, that was fine; if you didn't, then you became enlisted. Later on, at the end of my junior year, I took a competitive examination for an internship in the Navy, and passed that. Subsequently, in my senior year, I took a competitive examination for a regular commission. And at the end of my time in the internship, I was commissioned a regular Navy medical officer.

Q: So, starting around 1943, when you came out, you went as a regular naval officer. Where did you go?

DR. SMITH: They sent me to Saint Albans, Long Island, New York, which was not too far from my hometown, where I spent my internship. Then they decided to cut the internship short, because they were trying to push people out, to get them out to sea. As a result, we were sent to other places. I was sent over to Bayonne, New Jersey, for three months, to work in a dispensary over there, which also counted as a part of my internship. And then I received orders to sea.

Q: You served where at sea?

DR. SMITH: I knew that I was coming up for sea duty, so I sort of jumped the gun and

put in a request for a light cruiser, preferably new construction, if they had one. So the next thing I knew, I had orders to the USS *Vicksburg*, which was a light cruiser named after Vicksburg, Mississippi, and the Battle of Vicksburg in the Civil War. We put her in commission and took her out and fired so many rounds of ammunition that by the time we got back, she was leaking all over. But it was quite an experience.

Q: What were you doing? Here you are, just out of medical training, really, on a light cruiser, which has a crew of what?

DR. SMITH: Oh, I think there were something like 1,400 of us. There were quite a few people for a relatively small ship. We had one dentist and two medical officers. I was the junior medical officer. There's lots to be done, because people were getting ill and stuff like this, and we had injuries. Later on, when we got out to sea, we got into scraps and we had wounds and things of that sort.

Q: Where did the Vicksburg serve?

DR. SMITH: We were assigned to Task Force 58.1, and then later, 38.1, which was a high-speed carrier task group.

Q: This was Mitscher's?

DR. SMITH: Yep, Mitscher and Halsey. They had just changed the name of the fleet. When Mitscher had charge, it was 58, and when Halsey had it, it was 38. The Japanese, of course, thought we had two entirely different fleets. Each one of these fleets, or task forces, had, if I remember correctly, five different subgroups. I have to go back a ways now to remember all this, but each subgroup had four carriers. We had the legendary *Hornet* and *Wasp* and the *Bennington* and the *San Jacinto*. It had two battleships. We had the *Missouri* and the *Iowa*. Then I think there were a couple of heavy cruisers. We had the battle cruisers *Alaska* and *Guam*. Then a number of light cruisers, of which we were one. And then I think there were thirty-some-odd destroyers, which were on the outer circle. We were assigned the reception position, between the Japanese homeland and our cruisers, so we got first crack at any of the Jap planes that came over. So it was an exciting time.

Q: After this war duty, you went where?

DR. SMITH: I'd like to say just a bit more about this, because we had an interesting thing happen.

Q: Would you, please.

DR. SMITH: When we landed in the Philippines, we went into Leyte Gulf. Leyte Gulf,

which appears to be fairly sizeable, actually has a very narrow opening and is rather shallow. And our whole task force was in Leyte Gulf. When we went in, the admiral told our people, when they went ashore, not to eat any of the local food. Well, of course, some of the sailors did. The next thing we knew, the whole fleet was inundated with dysentery. If the Japanese had known, they could have come over and really clobbered us. But the way it worked out, we were able to get out of there before. This was quite a job for all the medical officers, to keep track of all of this, because the medical officers on all the ships were having problems.

From there, we went on up to the Japanese homeland. And we were there, of course, at the time when they signed the peace and so on.

After that, we were assigned to the first leg of the Magic-Carpet duty, to go down to Okinawa and pick up Marines to bring them home. After two hours at sea, we discovered that they were having an epidemic of paratyphoid. And so we just swapped-- we gave them our dysentery, and they gave us their paratyphoid. So we had a miserable trip home.

But, to answer your question, we landed in San Francisco Bay. And I still remember the fog as we came in. We were all standing on deck, in our whites, and we could hear all these people yelling and screaming up above as we went under the Golden Gate Bridge, but we couldn't see them. They could see the top of our masts, and that was about it.

When we got in, we proceeded to discharge a lot of our crew to the local hospitals, to take care of them.

And I was assigned to come back to the Brooklyn Naval Hospital for my first leg of training, in pathology.

Q: Had you determined on pathology as where you wanted to go by that time?

DR. SMITH: Yes, absolutely. In fact, I had put in a request for the training, so they honored it at the end of the war.

Q: How was the Navy set up at that time? Was it difficult to get into pathology?

DR. SMITH: Not for the regulars. And I was a regular, of course. What they were trying to do was to train a number of regular medical officers, because they knew that they were going to lose a lot of reserves. And so, as a result, I was one of those who was selected to come back and to sort of pick up the torch for the future.

I was very fortunate, because when I arrived at Brooklyn, there was a whole host of big names, like Osborne Brines and Jack Norris and Mark Wheelock and so on, who were there training people. But, of course, with the war ending, they left.

Q: At this time, had you had any contact with, or ever paid a visit to, the Army Medical Museum?

DR. SMITH: I'd just heard of it. I knew nothing more about it than that. I did know, however, that I had a second cousin who had been assigned here and had been a curator back in the Thirties, a fellow by the name of Virgil Cornell. And that's an interesting story, because we're the only two blood relatives who have ever held this job.

Q: In the Navy, in the immediate postwar period, when there were problems in pathology, where were the cases sent?

DR. SMITH: Well, in the Navy they had a little different system than they did in the Army, because the Army sent them all here. We had affiliations with large civilian medical centers. For instance, in Brooklyn, one of the delightful things about it was the fact that we were associated with the Memorial Hospital Medical Center in New York City. During the war, the Brooklyn Naval Hospital had been the center for all of the cancer cases in the Navy on the East Coast. As a result, even when I arrived there, why, there were a lot of the well-known surgeons and oncologists and hematologists and so on from Memorial Hospital in New York who were still on the staff, who gradually left.

My experiences in pathology there were quite interesting, because during the two years that I was there, I don't think I saw more than maybe one case of myocardial infarction, but at the same time, I did autopsies on half a dozen bone tumors, hundreds of lymphomas, and other things which you don't normally see in such large quantities. So it was a very interesting experience.

Q: Well, to continue with this, you were a resident in pathology. You finished there when?

DR. SMITH: I finished there two years later, in 1947.

Q: And then I have you going to Long Island.

DR. SMITH: Yes. At that time, the Navy was trying to get a number of young pathologists well trained so that they could take over the load. Captain Lloyd Newhauser was in charge of the training branch here in Washington, D.C., and I received a notice that if I was interested, I should come down and talk to him. So I went down and talked to him, and he informed me that if I could set up whatever I wanted to in the way of training in civilian areas, that they would be glad to stake me to it, providing I paid back so many years, you see. So, as a result, I made arrangements at Long Island College Hospital, and ended up at the New England Deaconess Hospital, up in Boston, to complete my training. The Navy said okay, so they gave me orders, and I went.

Q: When you say complete your training, were you specializing in any particular field?

DR. SMITH: No, this was general pathology, with emphasis, as it was in those days, on anatomic pathology, because there wasn't a great deal of clinical pathology being done.

The number of clinical pathology laboratory tests that were being done was very limited in those days, and nothing compared to what we have today.

Q: Then I guess the Korean War intruded?

DR. SMITH: Well, after I finished at Brooklyn, I went up to spend some time working with Dr. Shields Warren, up in Boston. And that was a delight, too, because he, of course, as you know, was the first medical director of the Atomic Energy Commission. He was a very intelligent man, and I learned a lot from him and from his assistants--an excellent team up there.

Of course, by the time I finished up there, we had the Korean War on, and I received orders to go back to sea. Much to my surprise, they wanted me to go aboard one of these transports that transported people back and forth between the United States and Bremerhaven, Germany. And it looked like it was mostly the practice of pediatrics, because there were a lot of dependents.

Q: I spent ten delightful days in the hold of one of those, each way. I know what you mean.

DR. SMITH: Well, at any rate, when I received that word, I hopped in the car and drove down to Washington here, and again spoke to the people in Assignments, and said, "Look, I'm a cruiser man. I'm not a pediatrician. So, if you can change my orders and put me aboard another fighting ship, I'd like to go."

So the next thing I knew, I had orders to go aboard the USS *Des Moines*, which was the flagship for the Atlantic Fleet.

But I wasn't destined to stay aboard her very long, because after several months, I developed a problem with my neck, and I landed in the hospital with a cervical disk. They took care of that, and by this time they were ordering people to the newly opened hospitals, and I received orders to the Mare Island Naval Hospital out in California, to open that up as the pathologist.

Q: We're talking about the early to mid-Fifties. How was the Navy treating pathology cases? What was the chain that they would move up to? Still farming them out?

DR. SMITH: Yes, pretty much the same way; it hadn't changed very much. I reported in to Mare Island in the fall of 1950, and stayed there until 1955. It was a rather delightful experience, because I didn't have the pressures that I'd had before, or would have later on.

And my family really enjoyed it, because we got a chance to see the West Coast and many of the delightful things that they have out that way.

Q: Then, for eight years, you came back to Philadelphia.

DR. SMITH: Yes, in 1955, Don Langston, who was the pathologist at Philadelphia,

resigned. So they had an opening, and I got a call from Bill Silliphant, who was the first Navy director here at the AFIP.

Q: Director from 1955 to 1959.

DR. SMITH: He first made contact with me about 1953 and ordered me back here for a course.

Q: Here, to the...

DR. SMITH: The AFIP. It was the Old Red Brick, downtown. At that time, I got acquainted with the people and the staff and so on, and he also introduced me to my second cousin, whom I hadn't seen in years, since I'd been a child, Virgil Cornell, who was an ex-director. I got pretty well acquainted with the whole group, and then went back to Mare Island.

And then, the next thing I knew, I got this call, towards the end of '54, asking me if I would be interested in the job at Philadelphia. And I said, "Why, sure."

So the next thing you knew, we were on the way. In early 1955, I think it was January, we moved east. And I spent from 1955 to '63 up at the Philadelphia Naval Hospital, which was one of the primary teaching hospitals for the Navy at that time.

Q: Again, were you having any connection, being on the East Coast and dealing in pathology, with the Armed Forces Institute, other than that training course?

DR. SMITH: By that time, we were beginning to send things to the AFIP. So, yes, we did, although we still had quite an affiliation with, again, a local university. We had an affiliation with Temple University in Philadelphia, and I used to go over there and teach every week, and their professors used to come over and lecture. In fact, people from the University of Pennsylvania, from Jefferson, the medical schools, used to come out. So we had a very well-integrated program, and I enjoyed the time that we spent in Philadelphia.

Q: Well, how did your call come, to the AFIP, then?

DR. SMITH: Well, it's very interesting. After I had been there for four years, I got a call from Frank Norris (later an admiral), who was in charge at that time of the assignments down in Bumed (Bureau of Medicine and Surgery), asking me if I would be interested in a job down here. We had just moved from one house to another, and I told him very frankly, "I'm up to my ears. There's no way I can break loose. Another four years, I'd be interested, but I'm not interested now."

So he said, "Okay, we'll make a note of that."

And so I spent another four years up in Philadelphia.

The next thing I knew, it was 1963, the orders came in, and that's how I came

down here.

Q: Could you describe your impression of the AFIP and where it stood in the field of medicine at the time you arrived in 1963?

DR. SMITH: I think, by this time, the prestige of the Institute had really risen to its height. As you know, for many, many years it was primarily a medical museum. The next milestone was in 1921, when they started the American Registry of Pathology, which got the universities involved. Then, of course, in 1946, I believe it was, they changed the name to the Army Institute of Pathology. And in 1949, they renamed it the Armed Forces Institute of Pathology. And that, of course, got the Navy and the Air Force into it. By this time, the workload was increasing. And, of course, Colonel Ash had an awful lot to do with the prestige of the place; he was recognized as one of the top pathologists in the nation.

I had met General Joe Blumberg because he had come up to visit us up in Philadelphia and gave a lecture on his tour into Russia. He'd been over there doing some work, and we made arrangements for him to address the Philadelphia Pathological Society. So that was the first time I met him, and we hit it off very well. And so, when the time came to come down here, I was delighted that I've the opportunity to work with him. And apparently, I gather from what I learned from him, he was delighted to have me come down. As a result, when I arrived here, he had all kinds of plans. I don't know whether other people have told you, but he was a very dynamic individual.

Q: I'd like you to talk a little about him. We have gotten this, but I'd like to get your impression of how he operated and all, because he's one of the figures that stands out, along with Colonel Ash.

DR. SMITH: Well, I think that we'd had four Army people up to that time who had been outstanding directors: Colonel Ash, who you knew; General Dart; then General De Coursey (I understand General De Coursey's still alive, in his nineties or thereabouts. He was a very dynamic person, too.); and Joe Blumberg, who, of course, I knew best, although I knew the others fairly well, too.

Joe was a very interesting man in that he had a very strong personality. He was the type of individual who could size people up very rapidly, and he knew whether he liked them or he didn't, very rapidly, too. And if you got on his list as being the type of individual he didn't particularly like, it took a long time for you to work around to get into his favor. And he was very outspoken about it, too.

But more than that, he had a keen insight into what needed to be done in pathology, and at that point was in a position where he could do something about it. I think he must have known every pathologist in the United States Army by his first name, and more than that, he knew their wives and he knew the names of their kids. He was a very humanistic individual; he really knew people and knew all about them. And it was absolutely a delight to work with this guy.

I remember when I first arrived, he said, "You know, Bruce, this place is going to drive you up the wall, because you're going to be working days, nights, and weekends." And he was right, because we really did. We got in there early in the morning and we worked till late at night, when we were in town. And he said, "One thing you and I are going to do, we're going to take every Wednesday afternoon off, and we're going to go play golf." We never got to play that first round of golf at all, because when he left four years later, we were still up to our eyeballs in work.

Q: Tell me, how did he use you? We're talking about the time when Blumberg was the director and you were his deputy. How did he use you?

DR. SMITH: Well, he received me very well. It was an interesting thing. I don't know whether he had anything to do with it or not, but when I first started to make the rounds in this place, right here, I ran into a gal by the name of Mamie Evans. She was down in the Records Office, if I remember correctly, an old timer, and she sized me up. She said, "How much do you know about Army pathology and Army medicine?"

I said, "Not very much."

She said, "Let me tell you, you can read a couple of books." So she handed me some books.

I spent the next several weeks reading those books, and I learned all about the background of Army medicine. I suspect Joe may have put her up to it. I don't know, that's why I bring it up.

But he took me around, practically by the hand, into every Army office in the area, and introduced me to all the people, including the surgeon general, Leonard Heaton, who was a legend in himself. He and Leonard Heaton got along very well. I don't know whether this has been brought up or not.

Q: No.

DR. SMITH: If you'd like to, we can talk a little bit about Leonard Heaton. I guess the first year is mostly indoctrination. After that, he used to just turn things over to me.

Q: Did you feel that you had more learning to do than, say, somebody who came up through Army ranks, or even probably the Air Force ranks, because they came out of the same branch, more or less?

DR. SMITH: Same general mold, yes. I wouldn't say the Air Force, but the Army certainly. Some of the Air Force people, of course, had been trained in the Army, but I don't think they knew the administrative aspect of it as well. But, of course, being in the Navy, I was quite a foreigner to the way that the Army did things.

Just to illustrate, when we in the Navy used to go to a party, after maybe the first hour or so, the commanding officer and the senior people excused themselves and got out of there, so the younger people could have fun. Not so with Joe. I'll never forget the first

party we went to. He and I stayed around there, and we actually swept out the place. We were the last to leave. And that's the way it worked. It was rather foreign to me, as a naval officer, but I enjoyed it and I enjoyed my association with him.

Q: You had these different departments, with recognized specialists and well-known doctors, both civilian and non-civilian, but mostly civilian, running things. One has the feeling that they, in a way, treated each of their things a little bit like a feudal kingdom, and these were semi-independent dukedoms. Was this a problem or not?

DR. SMITH: I never regarded it as such. They all had a great deal of respect for General Blumberg. And, of course, as soon as I got here, I started writing papers and so on, too, and I lectured at the AFIP lectures in a number of the courses. Apparently they must have gotten enough respect for me so that we got along fine. So I never felt uncomfortable that way. I had a lot of respect for these people; don't get me wrong. We socialized together, and that way we got to know each other quite well. It worked out very well, as far as I was concerned.

Q: What field of pathology did you sort of stake out for yourself? You say you wrote papers and lectured and all.

DR. SMITH: Yes. I was interested in several areas. One, of course, was genital/urinary pathology. Kash Mostofi, when he first learned I was going to do some work in that, sort of looked down his nose. I didn't get into the fields he was interested in, because he was interested primarily in testicular tumors and prostate cancer and things like that. Whereas I got into things like some of the bladder problems, which weren't of as much interest to him. I also did some of the early work on Peyronie's Disease of the penis, which he seemed to appreciate, because I sort of pretended I was maybe a part of his staff and all the rest of it. And it all, I think, worked out very well. So, in other words, we complemented each other rather than being at loggerheads, or whatever you want to call it.

Q: Well, there's always the problem of allocation of resources, money and all that. And no matter how nice everything is, at a certain point somebody's got to say, We'll have to cut your budget, and we have to give more here, to shift it around. How did this work?

DR. SMITH: At the time we were here, I don't think it was a major problem. General Blumberg never seemed to have much of a problem, and I don't recall that we had much of a problem. We had committees that would work on some of these things. When things got tight, the people pretty much decided themselves, because the department heads were all a part of this. So they all had their say, and these things came up the line, and we approved them or disapproved them or what have you, but I don't remember that being much of a problem.

Q: Again, we're talking about the time when you were working under General Blumberg. You mentioned before that you had had something to do with him on the coat of arms of the Armed Forces Institute of Pathology.

DR. SMITH: Oh, yes, yes, you might be interested. When I arrived here in 1963, all we had was the seal. And one day, Joe said to me, "I've got a fellow coming over here next week to talk a little bit about giving us a coat of arms."

I said, "Oh, what's this all about?"

He said, "You know that the Army has a heraldry department, and the colonel in charge of that's going to come over and talk to us."

So, sure enough, by the next week, why, a fellow by the name of...I think his first name was John, but his last name was Temple, Colonel Temple, appeared, and he spent a good share of the morning with us, talking about things like we're talking here today, about the history of the Armed Forces Institute, et cetera, et cetera. And he said, "Well, let me think about this. I'll see you in a few weeks." Sure enough, he came back a few weeks later with some sketches. The next thing you know, we had a coat of arms. And, of course, it was based on very sound thinking as far as medical background was concerned.

As you probably know, green has been the traditional medical color for many, many years.

Q: Yes, it's the stripe on the pants and all that.

DR. SMITH: And it is the color we use on the hoods of physicians at graduation from med school. And during the Civil War, when this place was founded, they didn't use the red cross the way they do today. That came about in World War I. But back in the Civil War, they used to use gold and green guidons (flags that had those colors) to mark the way to the battle aid stations, such as they were in those days. Physicians always used the colors green, and green and gold, so our coat of arms is green and gold. And Colonel Temple put that red ruby up in the left-hand corner, which is the symbol of the ruby in the ancient physician's ring. And then the five stars, for the five medical departments in the federal government: the Army, Navy, Air Force, Public Health Service, and the VA. And then, in the crest, he put the three bay leaves with the snake, for the Army and Navy and Air Force. We used to kid the Air Force people that the bay leaf that represented them was the smallest on the... Two of them were about the same size; one was smaller. But we just kidded about that.

So that's how it came about, in 1964.

Q: Well, 1963, of course, was a year that many of us of a certain generation will remember, particularly November, because of the assassination of President Kennedy. Did you get involved in this?

DR. SMITH: I sure did. I got involved both in that and in the one a little later when

Robert was assassinated.

Q: His brother, Robert Kennedy.

DR. SMITH: Yes. What happened was, General Joe was in Europe in November of '63. When he was away, of course, we were interested in the fact that President Kennedy was in Dallas for this event and so on. He was there because his popularity had been dropping, as I'm sure you well know, and he was trying to bolster that up. Then, of course, the horrible news that he had been shot. We were all glued to the radio, and to the television to some extent, to find out what was going on. He was taken to Parkland Hospital in Dallas, where they were trying to do something for him, although they knew it was hopeless. According to the way forensics works, when he died, he should have been left right there, and the local medical examiner should have taken charge of the body. But his aides overruled all that, strictly illegal, and moved the body and put it in the air, to bring it back here. When we heard that, I got in touch with the surgeon general's office, trying to find out what they knew about it. Then we got the news that they would not be bringing the body here, but they would be taking the body over to Bethesda. Well, I knew that security here was a heck of a lot better than it was over at Bethesda.

Q: Bethesda being the naval hospital.

DR. SMITH: That is correct. And so I figured, well, you know, if that's the way it is... I understood that his wife, Jackie, had made that decision. So I immediately got on the phone to try and get hold of pathologists over at Bethesda to see if they knew about it. Well, I was unable to get hold of my friend Jim Humes, who was a naval pathologist over there, but I did get hold of Jay Boswell, his assistant, and learned that most of the people were out at a party or something of the sort. So I said, "Well, you better get them rounded up, Jay, because the body's coming there." And he said he would. At the same time, I offered help from over here to go if they needed them. But from what I understand, it was kind of a fiasco over there, because with the lack of security, everybody was in the autopsy room.

Q: This has become a cause for all sorts of assassination theories.

DR. SMITH: That was bad, but we did the best we could.

This had an influence on what was to come several years later, in that, due to that, we were called down to the United States Senate, to talk to the people down there, and at that time, pointed out that this was a strictly illegal move, and that if anything like this should happen again, we should have a set system for taking care of it. And I recommended that what they should do is let the local medical examiner take the body (I'm talking about, of course, high-level government officials), and that we should be notified to send a team of experts out there to assist. Sometimes these happen in places that are way out in the sticks, you know, a plane crash out in the middle of a corn field,

and the local medical examiner is not a medical examiner but a coroner and a local undertaker, or something like that. Of course, never dreaming that Bobby would be next.

Well, at any rate, they bought it downtown. And this was the beginning, really, of our medical examiner system, as you know, that we have here today.

And, of course, when Bobby was assassinated...

Q: In Los Angeles.

DR. SMITH: The medical examiner out there, Tom Noguchi, immediately called me to report that Bobby had been shot. I got this from Tom just about the same time it came over the news. Tom said, "He's still alive, but it doesn't look like he's going to last very long. I'm going to need help." I said, "Fine." So I alerted my people, and we made arrangements for the Air Force to carry them out there. When Robert died, I got a call from Tom in the middle of the night, about two or three in the morning, and I got on the telephone and immediately got our people going. They went to Andrews Air Force Base, and they got out to Los Angeles in time for the autopsy.

This worked out very well. I don't know whether you remember it or not, but they had a television interview at that time where Tom talked to some people about the findings. He had with him, on the stage, our team from the AFIP, and he pointed out that these people had come all the way from Washington, D.C., and he lauded them. Tom was very fair about it. In fact, he was very nice; he sent each one of us a plaque for assisting in this endeavour.

But where the first one was very difficult, the second one went off like clockwork. In fact, when I saw Dick Friede here recently (Dick had been a young Air Force forensic pathologist under me when I was here as the director, and he was the first of the armed forces medical examiners at the AFIP), he said, "You know, Bruce, they're still using the same basic system that you set up twenty-some-odd years ago."

Q: When did the examiner system, where you would go out to things, start?

DR. SMITH: That started, I guess, about five years ago.

Q: But you had laid the groundwork.

DR. SMITH: Yes. Now we're talking about the military examiner system, in which, if there was a death someplace that was a military death, not a civilian death, you had a team here that would go out. Prior to that time, they had a system (and I'm not familiar with all the details) which was strictly a local one, in which, for instance, if they had a death, say, on the West Coast, the people from the local hospitals would take care of it, and if they needed help, they would call here and so on. But now, the initiative starts here, as I understand it.

Q: Well, again, this may straddle both the time when you were director and also deputy director. Was there a problem in the flow of cases coming in and reports going out? Your successor, Colonel Morrissey, of the Air Force, left sort of thinking that each of these branches had different rates: some responded very quickly; others didn't, they had tremendous backlogs. Was backlog a problem?

DR. SMITH: Well, it was patchy. It was patchy, but I don't remember its being a major problem. There were several areas where it was a problem, and that existed before I arrived. In fact, General Dart, who is no longer with us, became so involved in this that he insisted that in all of these cases, the signature on the reports be done by either the director or the deputy director. That was to keep things moving, you see.

Q: You could look at the date-in and date-out...

DR. SMITH: And then, if I remember correctly, Frank Townsend (I don't know whether you've interviewed him yet or not, but he preceded Joe Blumberg) became so infuriated with some of the problems that he actually physically went into one of these branches when the branch chief was out and picked up a lot of the material, to get it back in the files and so on. He's the one that can tell you more about that; I won't get into his field at all.

So it has been a patchy problem: some of the branches have done a magnificent job in getting things out immediately, and there were several that have been tardy right along.

Q: You took over from General Blumberg in 1967, and you served here until 1971. You were mentioning something about at that point passing the buck.

DR. SMITH: Oh, yes, yes. They started a tradition with me. I don't know how it came about, but several things happened. We had a change of command here, where I received the flag. And then, the next morning, when I came into work, my gosh, the whole building was decorated with flags. And as I drove into my parking space, they had one of our enlisted personnel out there with a chain to tie up my vehicle. And then, as I walked through the front door, why, I think half the staff must have been inside the front door, and they had some side boys. And Ken Earle, who had been in the Navy and was then the head of the neuropathology branch, knew how to blow a bosun's pipe, so he piped me aboard, with side boys.

Q: Side boys being a guard of honor of enlisted men. You get so many per rank.

DR. SMITH: That's right. And then they had a couple of fellows sweeping the floor as I walked down to my office. It was quite a sight. When I got there, they had a newspaper, the *Washington Post*, that had been doctored so the headline read: SMITH ASSUMES COMMAND OF THE AFIP; PROMISES NOT TO ROCK BOAT. And they had what

looked like a little sea chest there, and when you lifted the lid, this little card popped up that said, "Remember, port is left, and starboard's right." They also had Captain Queeg's, you remember, those metal balls.

Q: Some ball bearings, from The Caine Mutiny, Captain Queeg, who was sort of a...

DR. SMITH: He was a psycho.

Well, that's what happened; that was my first day at work here. Now you referred to something else.

Q: Passing the buck.

DR. SMITH: Oh, yes. Admiral Lawrence K. Frost was then the admiral in charge of what they called the Naval Potomac River Command, which is now the Military District of Washington. At any rate, he had heard about this, and he sent me over a buck, which looked like a lighthouse, about so tall, with a note saying, Good luck. You know, this is the Department of Defense, and the Navy has to shine, and all the rest of it.

Well, when I got ready to leave four years later, I had them reproduce a number of small bucks, and put names on them, with a message from me, and one of these was handed to each one of the then branch, now department, chiefs. But I also, at the time when the command changed, handed this buck to Colonel Morrissey. Bob apparently had his name inscribed on the bottom, along with mine, and passed it along. And I understand that it now has become tradition.

So that was how that all started.

Q: When you took over from General Blumberg, here was this very dynamic man, and you're sitting there, but everybody who is number two thinks, Well, okay, when I get in control, there are a couple of... Everybody has his list; this is human nature. What was your list of things you wanted to see done?

DR. SMITH: Well, there were several things going on. Of course, one of the things was the fact that we were now involved in this business of the south wing. We haven't mentioned this, and I don't know whether any of the other people you interviewed mentioned it, but Joe and I were up to our eyeballs in this. During the time that Joe was the director, a fellow by the name of Hirshhorn decided to give fifty-million-dollars-worth of art to the United States government. The stipulation was that they would build a building, which would be a part of the Smithsonian, to house this art collection. That was all right with us until Lyndon Johnson and his wife, Lady Bird, who wanted to beautify Washington, decided that the site of that would be our Old Red Brick building, our old museum downtown on 7th and Independence Avenue. Of course, then we got caught in the middle, because they had people from the Smithsonian and people from the White House out here interviewing us. You know, it was just inconceivable to us that they would want to destroy a national historic landmark. The Old Red Brick had a big brass

plate on it; it was listed as a national historic landmark. And so, as a result, here we were, involved in this problem of what to do.

Finally, they decided that, well, the Old Red Brick would go, but they would give us a new south wing on this building here. In fact, the senators were very explicit. They said, "We'll give you square foot for square foot of what you had down there." Well, Joe immediately turned me loose on doing the measuring. And I don't know whether you were familiar with the Old Red Brick or heard anything about it...

Q: When I was a kid, I went there.

DR. SMITH: You probably remember that in some of the wings, they had these sort of runways around, so that you stood in the middle and you could see right on up to the roof.

Q: A little bit like the Pension Building and parts of the Smithsonian, the Old Castle.

DR. SMITH: What I did on paper was, I filled in that second floor on these things, so that gave us extra square feet. So we actually came out, since they honored that, with more square footage here than we did downtown. Which was very interesting, I thought.

At any rate, all the time that I was the director, for four years, we were getting this new wing built.

First, they decided they were going to destroy the Red Brick. And we decided, well, if they're going to do that, we'll rub their noses in it--we'll have a party to say farewell to it. So we assembled everybody down there, and we had speeches and bagpipes and bands and all the rest of it. And then, at the end of all of this, I gave Elgin Cowart, who was then the curator of the museum, the command to lock the front door. So we put the key in the lock. (I think that's one of the famous pictures out here. Some people think he was the director at that time, but he was the curator of the museum.) And then everybody looked and said, "Well, where do we go?"

I said, "Well, we all go out the back door."

So we all had to go out the back door, because we'd locked the front door.

And then, sure enough, about a week later, they came with the ball and started to destroy it.

Well, about that time, it dawned on me that here we had some very interesting stuff down there that shouldn't be gotten rid of. So I asked what they were going to do with all the bricks and the mantles for the fireplaces. Well, they were just going to throw them out. So I sent a team down there to pick up bricks. We picked up the bricks, and then we put these little commemorative things on them. You may have seen some of those bricks around. So we had bricks all over the place.

And more than that, one of the things that I thought we should do was to keep a piece of the Old Red Brick here. So when we designed the south wing, I set aside one room up there, which is now the Huntington Conference Room, to be used as a part of the Old Red Brick. You'll notice that the flooring tile outside of that room is from the Old Red Brick. The door is from the Old Red Brick, the door handles and so on. And inside,

it's decorated with furniture and everything that were all parts of the Old Red Brick, including one of the mantles on the fireplace. So when you walk thru that door, you're immediately transformed into the Old Red Brick downtown.

So that's the way that went.

Well, Marty Cummings, who was the director at the National Library of Medicine, caught wind of this, and he said, "You know, the National Library of Medicine started down there, too."

And I said, "Yep, sure did."

And so he wanted to know if we could make up some of those bricks with the commemorative thing on it including the National Library of Medicine, which we did and sent them on over to him. He was delighted to get them.

So that's part of that.

So we dug ground in the spring of 1968, and we had Senator Bible come out and talk. I remember we were out here digging holes in the ground to get started. And all the time I was in town, in my four years, every day, I'd make rounds for half an hour, go through that thing, until we finally dedicated it just before I gave up the command. And at that time, we struck a little medallion (I just happen to have one with me) which we passed out to people. And on the one side it says: "Medical Museum, Sixth Home, 21 May 1971." That's the day we did all this. On the other side: "The American Registry of Pathology, 50th Anniversary, 1921-1971." The two dates coincided, you see, and so we had this struck. There were a number of extras, apparently. I noticed that at one of the Scientific Advisory Board meetings they had here about a year or so, they passed a number of these out, because there were extras, and nobody seemed to know what they were at that time.

Q: You mentioned the Scientific Advisory Board. Did you develop any ways of bringing them closer together?

DR. SMITH: Well, yes. Before I arrived here, apparently the Scientific Advisory Board used to meet periodically. They were a very learned group of men, but they kept reelecting themselves after they had a term of office (I forget what it was, four years or something like that). So the same people just stayed on and on and on. And while they were very familiar with the people here, they really didn't know a lot about the other people.

Well, it just so happened that when I took over from Joe in 1967, we had a new arrival in town, downtown, and that was Pete Rousselot (Lewis M. Rousselot). Dr. Rousselot, nicknamed "Pete", had been an Army colonel and had been in the Army in World War II, and he had just been selected and appointed the deputy assistant director of defense for health and medicine. Pete, in going through the papers on his desk, discovered that he was responsible for DOD medical facilities. And he had one right here in Washington that was fairly sizeable--the Armed Forces Institute of Pathology.

Well, I don't think Pete had been in office more than a week when I met him at some party downtown. We shook hands, and I thought he'd never let go of my hand,

because he had to stand there, holding hands, pumping [tape end] ...just bubbling over with enthusiasm about the place. And it became very obvious that he wanted to participate in things around here. So we gave him a tour, and he used to come out and visit. And even though he wasn't a member of the Board of Governors, he insisted on coming out and sitting in on the meetings, just to find out what was going on. He used to call me up on the phone every week or ten days, and he'd always have things to talk about and wanted to know how the AFIP would fit into this or that or what have you.

At any rate, along that same line, when the Scientific Advisory Board would meet, it was a rather informal affair. They'd sit in the director's conference room and talk about various things. And then, that evening, Joe would take them out to dinner. They'd all go down to the Walter Reed Officers' Club and have an informal dinner, and talk. And it dawned on me during that period of time that they had never met the people down in Washington. They really didn't know the staff too well, and the staff didn't know them and so forth and so on. And they didn't know the people who were members of the Board of Governors. I said, "I've got to do something about this."

So, as soon as I became the director, we began to formalize this. We began to have meetings where we would have speakers, and we'd have a dress-up affair, more like a "dining in" or something like that, except we did invite the wives, if I remember correctly. So we put everybody in formal uniform, and Pete Rousselot came out and talked. Leonard Heaton came out, and other people like this would come out. And we'd have the Board of Governors, the Scientific Advisory Board, the staff, and the people from the assistant secretary of defense's office. And, you know, it gelled; it worked beautifully, because these people then got to know each other. It really worked out very well, because the staff got to know who these people were--they weren't just names any more--and these people got to know who the staff were and who was on the Board of Governors. And it just worked out beautifully. From that time on, we had a number of very interesting sessions, a number of good speakers, and people got to know what was going on. And I think they're still carrying that out pretty much today.

Q: On the administrative side, in a report later on, after you had left, there was concern about the program, which had been going many years before you took over, the Universities Associated for Research and Education in Pathology (UAREP), using it as a means of picking up money by selling things, and then using it to fill in odds and ends on the administrative side. And I guess the auditors, about 1975, got to look at this closely and said, Uh, oh, this is a little too informal as far as using money. How did you find it?

DR. SMITH: Well, I can tell you how this all started, and I think I can give you the complete picture, because I was here when a lot of it gelled, or blew apart, depending on how you felt.

What happened, to start off with, back in 1921, George Callender (later General Callender), who was then a younger officer who was a mighty fine ophthalmologic pathologist, was approached by ophthalmologists and asked if there was some way that they could use the then Medical Museum and his talents to do the pathology. He worked

out a system that was okayed by the then surgeon general whereby he kept separate books, so that when the ophthalmologists would send him cases, they would send money, and he kept a separate side of books, nonappropriated funds. Then he would have his technicians process and cut the slides and so on in off hours, either in the evening or on the weekends. And then he would look at them in off hours, too. He did this gratis; he never was reimbursed for his time, but the people who did the technical work were. And this became the American Registry of Pathology.

Of course, as soon as this started, why, then, other people wanted to get into the act. I guess the American Association of Pathologists and Bacteriologists wanted to start a registry. And it grew and grew and grew, so that over the years we had quite a few registries. By the time I arrived, I think there were 27 or so registries.

One of the jobs that one of the deputies used to have was being the scientific director of the American Registry of Pathology. And I was given that job when I arrived.

One of the big problems, of course, was to try and get some money. These various societies would donate a hundred dollars or two hundred dollars a year, and my budget was a pittance, so to speak. So it was rather difficult. The ASCP (American Society of Clinical Pathologists) used to depend on the AFIP to cut all the slides for their annual seminar, but they paid for them. And these were all cut, again, by staff members in off hours.

So that's the way that operated.

Now, let's see, what was your original question?

Q: Later on, about 1975, there was a report which found that the money that was being generated here was also filling in for drivers and clerks and all this. It was beginning to seep into the system.

DR. SMITH: Okay, I picked up the train of thought now. While this was a nice system, one of the surgeons general, a while back, decided this was not the way to go, that these funds should not be handled by the director, they should be handled by an independent organization. And they selected the National Academy of Sciences, downtown. So the National Academy of Sciences then became the fiscal agent for the American Registry of Pathology. They would collect the funds, they would dispense the funds, and they would keep track of it, and, being a very reputable organization, nobody would question them.

I must say that Joe Blumberg was quite a character on this one. He decided we needed a snowplow out here, one of these blowers. So he bought one, and used some of these monies. And with that, it blew up downtown. The National Academy of Sciences said, "We can't condone such things, and therefore you're going to have to find somebody else to do this job."

So, as a result, actually it was rather upsetting. The universities got together and set up this organization known as the "Universities Associated for Research and Education in Pathology". I forget the exact date, but this must have been about 1964 or '65, about halfway through Joe's term. This was set up as a consortium of universities,

and they agreed to handle these funds. So the funds were transferred from the National Academy of Sciences to the Universities Associated for Research and Education in Pathology. In the transfer, they took a sizeable chunk of that money as their start-up money. But we had no choice, and that's the way it went.

At any rate, that kept going until 1975, and by that time I was out of here. But I learned that the surgeon general, Dick Taylor, became very concerned about this. Dr. Jim Hansen was then the director at this time, and Jim and Dick Taylor...

Q: I gather that this was very upsetting to Dr. Hansen.

DR. SMITH: Well, there apparently was a certain amount of friction. I don't know what it was all about. But at any rate, the surgeon general said, "You've got to get rid of that stuff, or find somebody else to take care of it."

Fortunately, one of our ex-staff members, a fellow by the name of Dr. Silverstein, was on the staff of Senator Ted Kennedy, and I understand that he was very influential in getting this thing transferred, to make it an independent body that would then take care of its own. In other words, they elected their own board of directors and so on and so on, and then they were able, as a civilian organization, to take over and handle it.

Now you'll have to get the details from somebody else, because I was not here at that time.

And it was at that time that they decided also to revamp the Board of Governors. It used to be the three surgeons general. The Army has always been the executive agent; that is, furnished the money and all the support. And at that time, they decided to put the assistant secretary of defense on the Board. Also, the surgeon general of the United States and Public Health Service, and the chief of VA pathology joined the team. So it enlarged. And also they put an ex-director of the AFIP on the Board, who at that time was Joe Blumberg. And then, when he died, it became Frank Townsend. I understand there's no limit on that term, so that Frank will probably be in there as long as he wants to. Joe would have been there, except that he had an untimely death ten years ago. It hardly seems that long.

But at any rate, that's the way that sort of rolled over.

Of course, they then had the authority to start charging, so they started charging for courses, et cetera.

At the time the surgeon general, Dick Taylor, blew it all up, the question came up as to the vulnerability of the AFIP. The AFIP up to that time existed at the pleasure of the surgeon general of the United States Army. In other words, just like any hospital or any other field unit he had, if he wanted to, he could say, "Go," and we'd have to break it up. The AFIP was dependent upon the surgeon general to fund it, and if he decided not to fund it, it would go, bing. The United States Congress, at the time of this blowup, as I understand it, decided that it would become a free and independent organization, not dependent on the surgeon general of the Army, but would be funded separately and differently. The details of that you'll have to get from somebody else.

Q: That was 1976 or so.

DR. SMITH: Yes, in that range.

Q: Well, moving from the problems of money to symbols, you had mentioned before that you were responsible for putting up a flag.

DR. SMITH: Oh, yes, that's very interesting. You know, it had been tradition for many, many years that on any Army post there was only one national American flag on the post, and that was always in front of the commander's building, wherever it happened to be. And so it was very true here, in that there was one flagpole in front of WRAIR (Walter Reed Army Institute of Research), across the way here, where the commanding general had his office for some period of time. When we built the south wing, we were moving a public building, a public museum, from downtown up here, and a part of it was the Department of Defense. One of the things that I requested was that we have a flagpole out front. People said, "What are you going to do with that?"

I said, "Well, a public building, we're going to have a U.S. flag in front of it."

"You can't do that. You're on an Army post."

I said, "Well, we'll see."

So we put in the request. And somebody downtown determined that it was feasible, because it was Department of Defense and it was a public building. And so, as a result, we got the authority to do this. So, on Flag Day of 1971, June 14, 1971, I assembled a group out there, and, with two deputies, Morrissey and Hansen, we ran up the flag, saluted it, and for the first time in the history of the United States Army, an Army post had two national ensigns. Very interesting, because it was raised by a naval officer.

Q: How did you view the destruction of the Medical Museum on the Mall, and the new role that the Museum would play here? To the outsider, it seems like quite a tragedy, because you moved a medical museum which was very important to many young people, myself included, out to a place that's pretty obscure and hard to get to.

DR. SMITH: We had a great many tears over this, of course, because of the fact that we used to have quite a few visitors down on the Mall. A lot of people thought it was a part of the Smithsonian, and they'd just go down the line, and they'd go into this building and that building, and then they'd come to our building, and they'd go in and view what we had, and then they'd go on to the next one. So, as a result, we had millions of visitors every year simply because of its accessibility. And, of course, when we moved out here, we had problems because, first of all, it was not as accessible, and, secondly, it was on an Army post rather than being on the Mall downtown. So we made arrangements for groups to be brought in here, bussed in, mostly school children from all around the city, and we did very well. It was also on some of the tours. But I understand, after I left, they gradually fell off. I don't know just what all the circumstances were.

When we built the Museum here, they wanted to move the old Museum up here, and I said, "No way. Here's the first opportunity we have to build an entirely new museum." And so we changed the format; we changed the whole idea of the Museum. And we consulted the people down at the Smithsonian. As a result, instead of being a place of dead house morphology, with a lot of exhibits of freaks, we tried to change this into a dynamic type of museum, where you could come and see how a heart works or see how disease progresses, and all these various things. I think we did a pretty good job. Now they've been changing, and I really don't know that much about how it's been changed.

But the original concept was to have four halls: a Hall of History, which was all the history of the AFIP; a Hall of Pathology, which gave you the concepts of disease and its progression; a Hall of Instruments, where we could house the Billings microscope collection and also some of the old instruments which we had from the Civil War and other eras; and then a Hall of Current Events, which we designed (and I got right up to my elbows with these things) with these pop-in, pop-out types of exhibits, where you could put them in and take them out within a matter of a relatively short period of time. The idea being that there were a lot of things going on that people wanted to know about, and we had to be ready for the visitors when they came down.

For instance, when President Eisenhower had his heart attack, everybody wanted to know, Well, what is a heart attack like? When Lyndon Johnson had his problems with his gall bladder, everybody wanted to know, Well, what about a gall bladder? And I don't know whether they did anything about it, but when President Bush had his problems with his thyroid, there should have been an exhibit there on thyroids, because people ask these questions.

Q: A good opportunity to educate people.

DR. SMITH: Excellent, and more than that, to tell them something about the AFIP. But I understand they're planning to move down on the Mall again, and I have certain apprehensions. Having fought the people downtown over our Old Red Brick building, and having lost, why, I wonder. The people at the Smithsonian are very possessive, and I have a fear that if we move the building back down there, it might only be a short period of time before they take it over and take it away from us.

Q: I think you have good reason to be afraid.

DR. SMITH: See, the AFIP has given birth to a lot of things, and a lot of them have been taken away from us. A prime example is the National Library of Medicine, which started out as the surgeon general's library. These other people see a good thing--they take it. And so I have some apprehensions about some of these things.

Q: While you were here, what was the AFIP's role in medicine? Was it beginning to change? You had almost eight years here.

DR. SMITH: Yes, it changed. When I first arrived here, it was primarily a matter of consultation on cases coming in. And that's still an excellent role. In addition to which, we had the research, which was primarily on the marvelous pool of material that we have here. And I used it myself; I wrote any number of papers on things, many oddball things, where if you're in a university, you might have one case in a file; here, you'd find 20, 30, 50, 100. This is an excellent opportunity.

The other thing, of course, was to start to get into some other types of experimental stuff, to get into things which were somewhat different from the traditional role in the way of research. Some of these things started while Joe was the director. We brought in a number of people here who did many of these things.

Peter Ward, for instance, who's now a professor out at Michigan, did a lot of his original work on leukocytes and so on right here in this building. The chemist, did a lot of his original work, and he's still here. A lot of the original work in radiation pathology was done here.

These things, I think, have gradually changed now. They're getting into a lot of immunology and things of this sort, things which we didn't even think about 25 or 30 years ago. And this is right. This is the way we should be going, because otherwise we'd become a dinosaur.

Q: How about equipment? Any new sort of tools being added while you were here in one of your capacities?

DR. SMITH: Oh, yes. When I was here, we added quite a few electron microscopes. And we also got into a lot of toxicology, so a lot of toxicological equipment was added. I can't think of anything else offhand, but there were other things.

Q: Did the Vietnam War have any impact on the type of work you were doing?

DR. SMITH: Well, yes and no. Of course, a lot of the things that we did during the time of the Vietnam War (and I was here during most of that period) were the routine things coming in from various hospitals and so on. But in addition to that, from Vietnam we were getting lots of interesting cases, which were exotic and so on, that were being sent in. And also we were getting a lot of things which were coming in from the field which were put on display in the Museum. So it did affect us, sure. Every war affects the Museum here, and the Institute, one way or another.

Q: Are there any other major developments that we might cover?

DR. SMITH: The two major things that I can think of, of course, we've already covered. One is the building of the south wing, which gave us additional space and so on. The other is the medical examiner system.

And then, of course, the adding of new talent. This is so important. One of the

difficulties we've had over the years (and I assume they probably still have it to some extent) is affordability of talent. The government is very reluctant to pay salaries which are commensurate with what people who have talent that's needed here can make on the outside, in the universities and the private sector. And so, as a result, we've always had difficulty in filling a lot of the positions here, that is, up through my time. I assume that probably has gone on, from what I hear, but the people who have been here more recently can tell you more about that.

Q: But when you were here, you were still benefitting from the Berry program, where military doctors could come here as part of their military service.

DR. SMITH: That is correct.

Q: With the draft gone now and all this. But you were able to tap young talent, weren't you?

DR. SMITH: Yes, we were. We had any number of good young people who came in, and some of them have stayed. When I think, offhand, of people who came here when I was here, who I gave their... many of them, some of them not, people like Jim Ortel, Jason Norris, Kamal Ishak. And there are others who arrived about the time I did, or who arrived shortly after I did. Dan Connor arrived here shortly before I did, and he, of course, was over in Africa and came on back about a year after I arrived. He's been a fast friend, and he's a very intelligent man. And we have any number of people like that-- excellent.

Q: Well, you left then in August...

DR. SMITH: July 31, 1971.

Q: When you left, was there anything that you wished you'd done, that you were unable to do or didn't have time to do or just couldn't get done? Anything that if you had another go at it, you would give it another try?

DR. SMITH: Why, certainly. I think anybody would, having been through a place like this. You know, this is sort of the mecca, so to speak. The problem was that you needed the resources to do these things. But if I had the chance to do it over again, with the same resources, I don't think I could have done any more. Given more resources, I had lots of ideas, lots of things that I would have liked to have done.

Q: How did you find, in your time, the support of the surgeon general of the Army?

DR. SMITH: Excellent. Leonard Heaton, who was the surgeon general when I arrived, had been in that position since 1959. He was a fabulous individual. He was a young

major at the time of the attack on Pearl Harbor during World War II, was one of the legendary surgeons of the United States Army, and became the surgeon general, after he'd had all the other top jobs here, in 1959. He appeared to be an old bear of a man, but he and Joe got along fine. And I was introduced to him, and Leonard and I got along very well. One of the things you find in the military is, you know who your boss is, because he's the guy who writes what we call the fitness report, and what the Army calls their efficiency report. He had to write mine, specifically, and he always did very well by me, from what I understand. We got along very well. I think the fact that we invited him over here as a speaker, and all the rest of it, helped very much.

You might be interested in one other little thing. At the time he retired in 1969, after ten years as the surgeon general of the United States Army and having had his hands in more senatorial bellies than any other man in the history of the United States (as far as medicine is concerned), he was offered any number of farewell parties throughout the entire Medical Corps of the Army and the Department of Defense. He accepted only one-ours. He came over here and we really gave him a thorough going-away party. He was most appreciative. And I can still remember, when they had a parade for him down through the Walter Reed compound, he was standing up in the back of an open limousine, saluting and so on, and when he came by our AFIP group, he yelled, "Hiya, Bruce! There are my people!" or something of that sort. It was just charming that he had bonded with the AFIP. We pointed out that, at the time of his farewell party, the AFIP had only been in existence for 20 years, and he had been the surgeon general and the senior officer on the Board of Governors for half of that time. A very, very fine fellow.

Q: Just to end this, what did you do after you left in 1971?

DR. SMITH: Well, I had a number of different offers for jobs in different places. I was all set to move either to Florida or to Louisiana, but when my family looked at these nice offers, they said, "No, Dad, you're going to stay here." So that limited me to this area. But I got a very nice offer. Tom Peery, who was then professor and chairman of the Department of Pathology at George Washington, made contact with me and said that they had just started an affiliation with a local VA hospital here in town, and wanted to know if I would be interested in heading up that part of the George Washington University affiliation. So we talked it over, and I decided, Well, sure, I'd stay right here. I didn't have to move or anything, and the family was happy.

So, on the 31st of July, I retired from the Navy, and the next day, I started in downtown. Just didn't even have a day off in between. So, there you go. I had a very satisfactory period of my life down there. It wasn't as exciting as this, by a long shot, but I've enjoyed teaching. I've always taught; every place I've gone I've had affiliation somewhere, at some university, and it's been no exception down there. I stayed down there until February of 1991, so I put almost 20 years in and built that place up. They have a nice, going concern down there. I robbed some people from over here to fill the staff there, people that were going to leave anyhow.

I retired from that job, but I'm still teaching part-time at George Washington

University. So I still keep my fingers in things. You know, at my age, if you can still keep working with the young people, they keep you alive, keep you interested. And that's the way it goes.

Q: Well, I want to thank you very much, doctor. I appreciate this.

DR. SMITH: You're entirely welcome.

Q: This was interesting.